EXECUTIVE OFFICE OF PUBLIC SAFETY PROGRAMS DIVISION BULLETPROOF VEST REIMBURSEMENT FORM

Contact Person: Marie Beckford, Grant Manager Ten Park Plaza, Suite 3720, Boston, MA 02116

Department Name Department Address			Date Submitted		Page	of
			Contact Person			
			Phone No.			
Please make copies of this fo	orm for future use.		Email			
Name	Social Security Number	Vendor	Date Initial Vest Purchased	Date Replacement Vest Purchased	Threat Level (II, IIA, IIIA)	Price
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Please sign and date below to con	firm that, to the best	of your knowledge,	all information p	rovided is accu	rate and verifiab	le.
Original Signature	of Chief of Police or (In blue ink)	Chief Executive Offi	cer		Date	_